

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

324481 3/16/89  
Springer, T.D.

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10	1					
11		1				
12		2				
13	1					
14		1				
15		1				
16		1				
17		1				
18		5				
19		3				
20	1					
21		5				
22	1					
23		1				
24		1				
25		3				
26		3				
27	1					
28	1					
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43	1	1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.	10					
TOTAL DEP.		55				
TOTAL CLAIMS	105					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54		2				
55		2				
56		2				
57		2				
58		2				
59		2				
60	1					
61	1					
62		2				
63		2				
64		2				
65	1					
66	1	1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73	1					
74	1					
75						
76						
77						
78						
79						
80						
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83						
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86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	9					
TOTAL DEP.		24				
TOTAL CLAIMS	33					